



# **Community Health Resources Commission**

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Community Health Resources Commission**

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# BACKGROUND ON THE CHRC

- The Community Health Resources Commission (CHRC) was created by the Maryland General Assembly in 2005 to expand access for low-income Marylanders and underserved communities.
- **Statutory responsibilities include:**
  - Increase access to primary and specialty care through community health resources
  - Promote emergency department diversion programs to prevent avoidable hospital utilization and generate cost savings
  - Facilitate the adoption of health information technology
  - Support long-term sustainability of safety net providers
- **The Maryland General Assembly approved legislation (Chapter 328) in 2014 to re-authorize the CHRC until 2025.**

# BACKGROUND ON THE CHRC



- **Eleven Commissioners of the CHRC are appointed by the Governor**

**Allan Anderson, M.D.**, Chairman

**Elizabeth Chung**, Vice Chair, Executive Director, Asian American Center of Frederick

**Scott T. Gibson**, Vice President for Human Resources, Melwood Horticultural Training Center, Inc.

**J. Wayne Howard**, Former President and CEO, Choptank Community Health System, Inc.

**Celeste James**, Executive Director of Community Health and Benefit, Kaiser Permanente of the Mid-Atlantic States

**Surina Jordan, PhD**, Zima Health, LLC, President and Senior Health Advisor

**Barry Ronan**, President and CEO, Western Maryland Health System

**Erica I. Shelton, M.D.**, Physician and Assistant Professor, Johns Hopkins University School of Medicine, Department of Emergency Medicine

**Ivy Simmons, PhD**, Clinical Director, International Association of Fire Fighters Center of Excellence

**Julie Wagner**, Vice President of Community Affairs, CareFirst BlueCross BlueShield

**Anthony C. Wisniewski, Esq.**, Chairman of the Board and Chief of External and Governmental Affairs, Livanta LLC

# IMPACT OF CHRC GRANTS

- Since 2007, CHRC has awarded 210 grants totaling \$64.1 million. Most grants are for multiple years. (Currently 55 open grants)
- CHRC has supported programs in all 24 jurisdictions.
- These programs have collectively served over 455,000 Marylanders. Most individuals have complex health and social service needs.
- Grants awarded by the CHRC have enabled grantees to leverage \$23 million in **additional** federal and private/nonprofit resources.
- **Of this \$23 million, more than \$19M has been from private and local resources.**

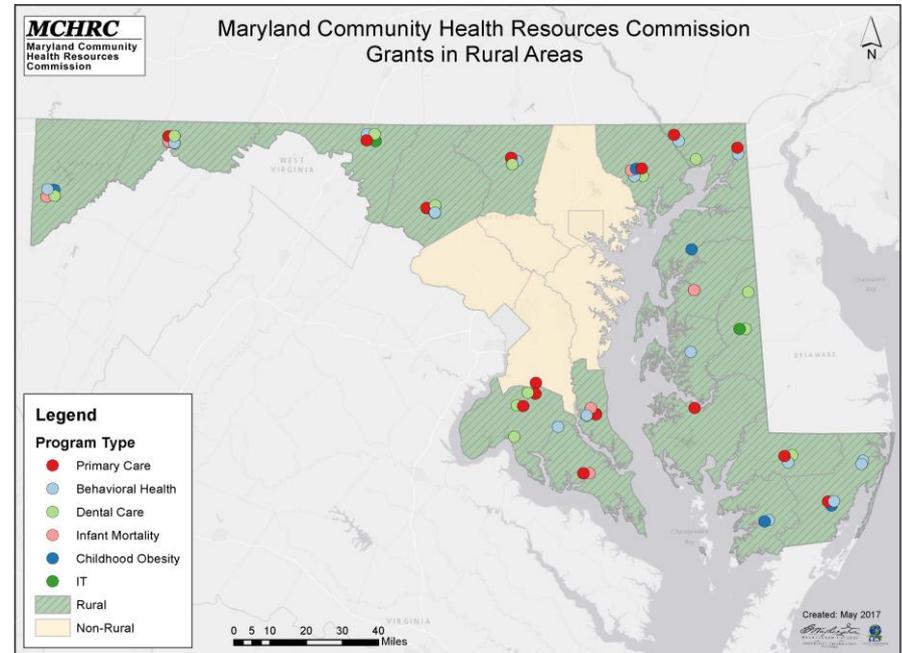
# RURAL HEALTH AND CHRC

107 grants totaling \$28 million to programs in rural jurisdictions.

Served more than 82,000 residents in rural areas of the state.

## Areas of Focus:

- Primary/Preventative Care
- Dental Care
- Integrated Behavioral Health Services
- Food Security/Obesity Prevention



# RURAL HEALTH AND CHRC

## 1. Driving innovation in rural communities

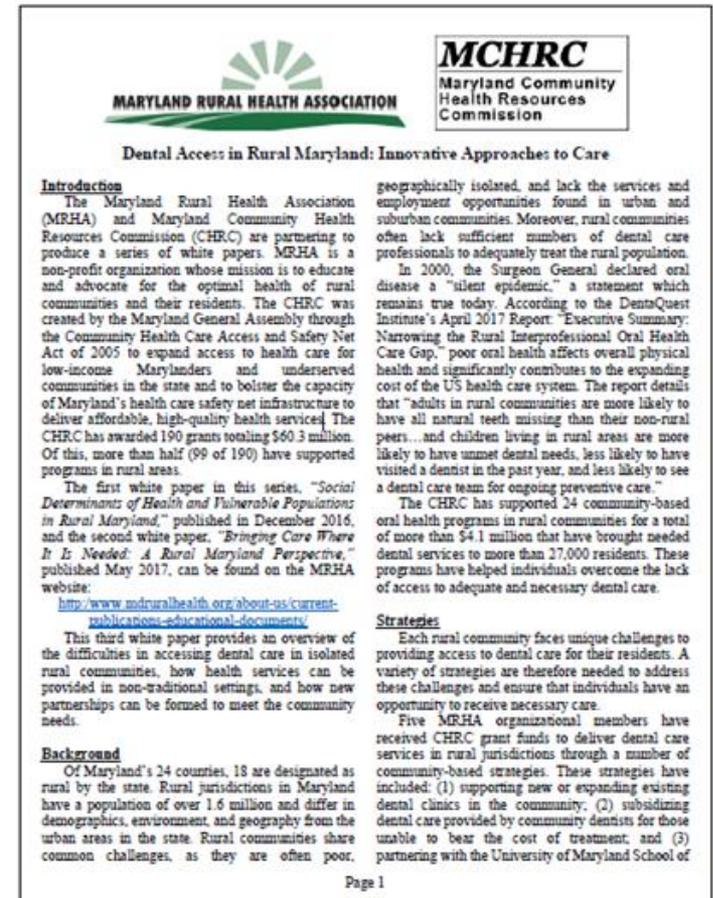
- Mobile Integrated Health
- Telehealth

## 2. Innovative ways to tackle Social Determinants of Health

- Transportation
- Health Literacy

## 3. Stretching limited public resources and leveraging private investment

- Private and Family Foundations
- Hospital-Community Partnerships



# RURAL HEALTH AND CHRC

## Charles County Health Department – Mobile Integrated Health Program

- Address the health and social determinants leading to repeated use of emergent care
  - Link high medical service utilizers with care coordination and community health services
  - Assist the target population to better manage their health conditions in an appropriate setting
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- From left to right: Amber Starn, Charles County Health Department; John Filer, Charles EMS; and Dr. Dianna Abney, Health Officer, Charles County
- Expansion of mobile integrated health programs - Wicomico County's "SWIFT" program

# RURAL HEALTH AND CHRC

## Lower Shore Clinic's CareWrap Program

- Targeted individuals with behavioral health needs who presented at (PRMC) ED in high volumes.
- Provided intensive case management services to 63 individuals.
- CRISP calculated a 6-month pre vs 6-month post comparison for the patients in the program and concluded that the CareWrap program **achieved \$923,594 in cost avoidance** (grant was for \$120,000).



# CHRC FY 2019 CALL FOR PROPOSALS



**Next meeting - September 11, 2018**

## **Strategic priorities**

1. Serving vulnerable populations regardless of insurance status
2. Promoting health equity and addressing the social determinants of health
3. Innovation, sustainability, and replicability

## **Focus Areas**

1. Essential health services: primary/preventative care, dental, and women's health services
2. Addressing the heroin and opioid epidemic through behavioral health integration
3. Promoting food security and addressing childhood and family obesity

# CHRC FY 2019 CALL FOR PROPOSALS



## Timeline of Key Dates

**September 11, 2018**

**Planning meeting of CHRC**

**Late October/Early November 2018**

**Release of the Call for Proposals**

**Late November 2018**

**Letters of Intent due**

**Late December 2018**

**Deadline for receipt of applications**

**January 2019**

**Review of applications**

**Mid-February 2019**

**Selected applicants present to the Commission and grants awarded**